Beyond Judgment; Understanding the Homeless Mentally Ill

by Julia Occhiogrosso

He threw the scooter down in the dirt, screaming angry threats at the wind. Offered a plate for food, he took it and grabbed a moment of composure accepting the pasta served to him. Then picking up from where he left off, agitated and darting about, he slung words like a weapon at anyone and everyone present for that early morning meal in the field. Several people attempted to offer empathy while troubleshooting the potential ripple effects of psychotic agitation unleashed upon the already fragile and vulnerable group gathered.

After a very long ten minutes our friend pulled his scooter behind him as he walked away, promising retribution with every departing step.

These kinds of incidents are familiar to us. Thankfully, when handled with patience and empathy they resolve themselves peaceably.

According to research by the Treatment Advocacy Center, one third of the total homeless population includes individuals with serious untreated mental illness. Many of these people suffer from schizophrenia, schizo-affective disorder, bipolar disorder or major depression. Reports from the 2017 Nevada Homeless Census state that 76% of people surveyed said they were experiencing mental illness, PTSD and depression.

Untreated mental illness is a significant contributing factor to chronic homelessness. The trauma and stress of being homeless will worsen existing struggles and induce psychiatric and emotional disturbances for individuals who were functioning before they became homeless.

There is a strong correlation between mental illness and childhood trauma. The Adverse Childhood Experience Study (ACE) provides one of the most in-depth looks at the relationship between childhood experiences of trauma and the impact on health and well being later in life. The ACE study found that trauma was the central issue for people with mental health problems.

Between 34% and 53% of people diagnosed with a severe mental disability report childhood physical or sexual abuse (with some studies reporting figures as high as 51% to 98%). As many as 80% of adults (both men and women) in psychiatric hospitals have experienced physical or sexual abuse. The majority of adults diagnosed with Borderline Personality Disorder (81%) or Dissociative Identity Disorder (90%) were abused as children. Up to 66% of adults (both men and women) in substance abuse treatment report childhood abuse or neglect. 82% of young people in inpatient and residential treatment programs have histories of trauma. 93% of psychiatrically hospitalized adolescents had histories of physical, sexual and/or psychological trauma, and 32% met criteria for PTSD.

A study by the National Alliance to End Homelessness found that adults who age-out of foster care are overrepresented in the homeless population. Many children are placed in foster care because of abuse, neglect and trauma in the home. Trauma experienced during the first two years of life without the care and sensitivity of a primary caregiver can result in attachment disorder. Children who suffer disrupted attachment develop an adaptation for survival. They have mistrust of adults or any authority or structures. To submit to these authorities or structures causes anxiety equal to the threat of imminent death. They struggle with cause and effect thinking and are impulsive and hyper-vigilant. This negatively impacts their abilities to have or maintain reciprocal relationships and severely limits their capacity for school or sustained employment.

While it is true that there is a wide spectrum of circumstances that precipitate and maintain homelessness, greater understanding of behaviors, limitations and pathologies of those chronically on the street can inform the vision and responses we make. Communities need to create affordable housing models that are built on an empathic, informed understanding of the vulnerabilities and resilience found among the chronically homeless. These housing models must include supportive services responsive to these needs.

With our knowledge of these correlations between homelessness, mental illness and trauma we must reject the antiquated and heartless assumption that people on the street choose this lifestyle. Rather we need to ask what kind of emotional and psychological disturbances would have someone choose the hardships of living on the streets. Society’s unwillingness to act to end homelessness and respond decisively with dignified housing and supportive services is tacit consent to retraumatize and punish people who have survived horrendous suffering through no fault of their own.

Every state in our nation arrests more mentally ill people than it hospitalizes. A minimum of 50 beds per 100,000 people is considered necessary to provide adequate treatment. In Nevada the rate is 10.2 psychiatric beds per 100,000.

Working with people with mental health issues has its challenges. There can be much resistance and mistrust toward advocates. Aggressive acting out for some at times is the only way they can communicate their needs.

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(continued from front page) becomes problematic. Victims sometimes become victimizers. All the more reason to attempt to change the pattern of this cycle with empathetic skilled interventions. The Housing First model has demonstrated how people can maintain stability once they are in a supportive housing situation. Over time they have found that putting chronically homeless individuals into housing is both humane and cost effective.

This is a humanitarian crisis impacting cities across the country. Remedies need to come from all sectors of society. Governmental bodies, the private sector, faith communities, and citizens have to be willing to work together and step out of their comfort zones. This means supporting tax initiatives, allowing supportive and low-income housing to be built in upper-middle class neighborhoods, educating ourselves and helping each other face and overcome our fears. There are many creative possibilities that can emerge when compassionate people take the initiative to act on a vision to help people in desperate need of support.

Whether we are witnessing an agitated guest at the Catholic Worker soupline, a brother sprawled out on the sidewalk, or a sister pushing a shopping cart filled with all her possessions, we are invited to allow the reality of our connected humanity in the broken Body of Christ to penetrate our hearts and move us to action.

† www.treatmentadvocacycenter.org  ‡ https://alamedacountytraumauninformedcare.org

Thank you to all our donors and volunteers!

PLEASE JOIN US:
Wednesday-Saturday, 6:00 a.m.: Morning prayer at Catholic Worker.
Wednesday-Saturday, 6:30 a.m.: Breakfast served to 150-200 poor & homeless people.
Wednesday, 8:00 a.m. - 2:00 p.m.: Hospitality Day, we invite 20 homeless men home for showers, to wash clothes and for a great lunch.
Thursday, 9:00 a.m. - 10:00 a.m.: Vigil for Peace in front of Federal Courthouse. 333 Las Vegas Blvd. S.
Thursday, 10:30 a.m.: 50 lunches taken to the homeless.
Second Saturday of the month: Knights of Columbus Pancake Breakfast to the homeless.
Third Saturday of the month: Deliver food boxes to homes in need.